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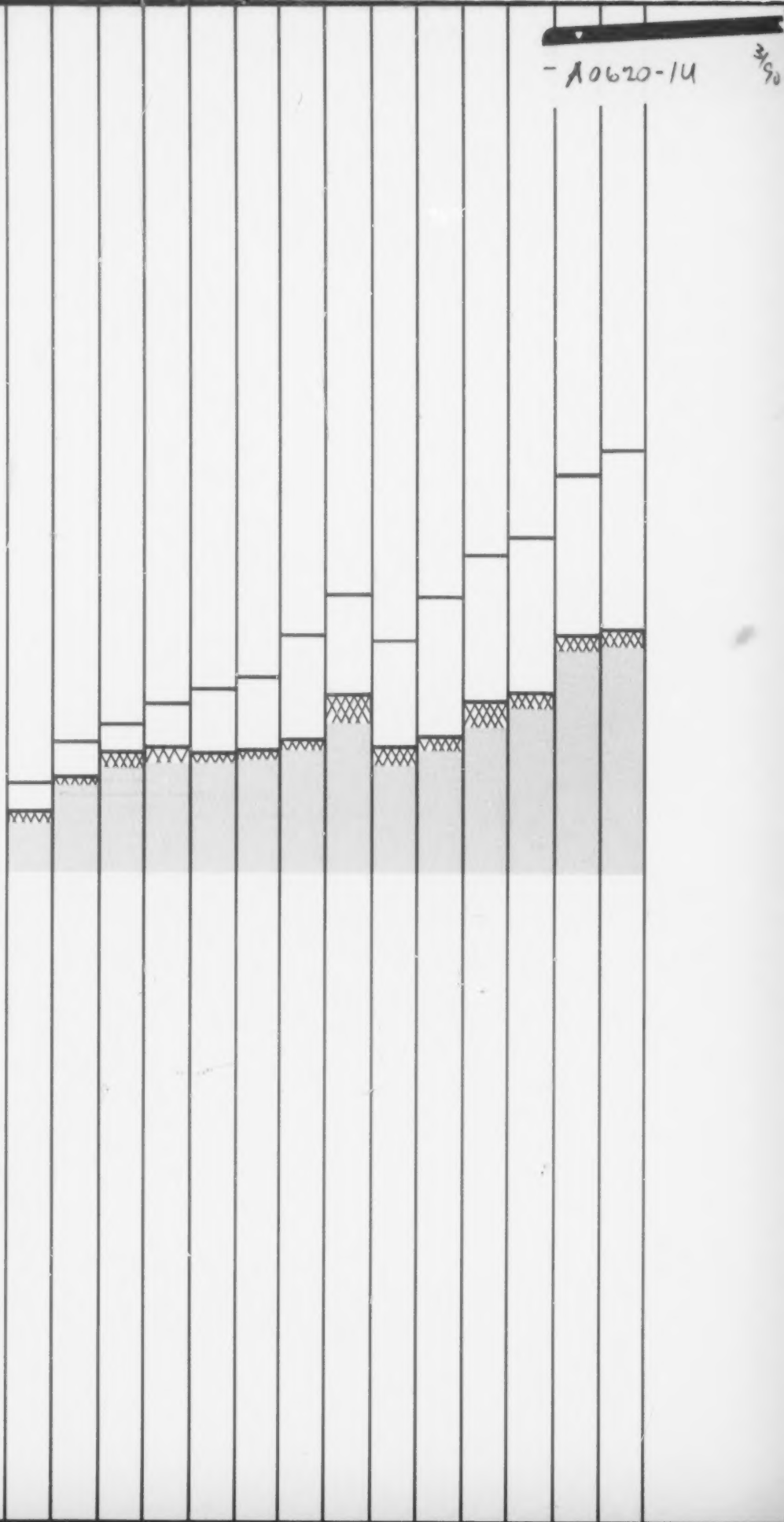
Annual Statistical Report

1989



AACOM

AMERICAN ASSOCIATION
OF COLLEGES OF
OSTEOPATHIC MEDICINE

1989
Annual Statistical Report

Prepared by

Don C. Zobell
Director, Information Services

American Association of Colleges of Osteopathic Medicine

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Rockville, Maryland 20852

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COLLEGES OF OSTEOPATHIC MEDICINE

Chicago College of Osteopathic Medicine
555 31st Street
Downers Grove, IL 60515
(312) 515-6472

College of Osteopathic Medicine of Oklahoma State University
1111 West 17th Street
Tulsa, Oklahoma 74107
(918) 582-1972

College of Osteopathic Medicine of the Pacific
College Plaza
Pomona, California 91766-1889
(714) 623-6116

Kirksville College of Osteopathic Medicine
800 West Jefferson Street
Kirksville, Missouri 63501
(816) 626-2121

Michigan State University College of Osteopathic Medicine
East Fee Hall
East Lansing, Michigan 48824
(517) 355-9611

New York College of Osteopathic Medicine of New York Institute of Technology
Wheatley Road, Box 170
Old Westbury, New York 11568
(516) 626-6900

Ohio University College of Osteopathic Medicine
Grosvenor and Irvine Halls
Athens, Ohio 45701
(614) 593-1800

Philadelphia College of Osteopathic Medicine
4150 City Avenue
Philadelphia, Pennsylvania 19131
(215) 871-1000

Southeastern University of the Health Sciences College of Osteopathic Medicine
1750 N.E. 168th Street
North Miami Beach, Florida 33162-3097
(305) 949-4000

Texas College of Osteopathic Medicine
3500 Camp Bowie
Fort Worth, Texas 76107
(817) 735-2000

The University of Health Sciences-College of Osteopathic Medicine
2105 Independence Boulevard
Kansas City, Missouri 64124
(816) 221-9698

University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine
40 E. Laurel Road
Stratford, New Jersey 08084
(609) 346-6990

University of New England College of Osteopathic Medicine
11 Hills Beach Road
Biddeford, Maine 04005
(207) 283-0171

University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery
3200 Grand Avenue
Des Moines, Iowa 50312
(515) 271-1400

West Virginia School of Osteopathic Medicine
400 North Lee Street
Lewisburg, West Virginia 24901
(304) 645-6270

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LOCATION OF COLLEGES OF OSTEOPATHIC MEDICINE

TABLE I

THE OSTEOPATHIC PROFESSION

Distribution of Osteopathic Physicians as of September 20, 1989

Location	Number of Osteopathic Physicians	Location	Number of Osteopathic Physicians
Alabama	84	Nevada	104
Alaska	32	New Hampshire	38
Arizona	796	New Jersey	1,651
Arkansas	71	New Mexico	158
California	1,060	New York	1,239
Colorado	451	North Carolina	93
Connecticut	84	North Dakota	21
Delaware	125	Ohio	2,508
District of Columbia	29	Oklahoma	943
Florida	1,891	Oregon	292
Georgia	272	Pennsylvania	3,724
Hawaii	44	Rhode Island	135
Idaho	51	South Carolina	64
Illinois	1,057	South Dakota	37
Indiana	354	Tennessee	134
Iowa	709	Texas	1,811
Kansas	393	Utah	30
Kentucky	93	Vermont	38
Louisiana	40	Virginia	167
Maine	344	Washington	362
Maryland	131	West Virginia	286
Massachusetts	198	Wisconsin	311
Michigan	3,957	Wyoming	19
Minnesota	117	Military Service	1,165
Mississippi	70	U.S. Public Health Service	121
Missouri	1,544	U.S. Territories	3
Montana	44	Canada	43
Nebraska	40	Foreign	82
		TOTAL	**29,654**

SOURCE: American Osteopathic Association

Trends

Freshman enrollment in the 15 osteopathic medical schools leaped to a new high during the academic year ending June 1989. With a five percent increase in 1988, 1,780 new enrollees entered the schools. The previous peak had been in 1984. The number of applicants rose by over four percent, and there continue to be 2.3 applicants for each available seat in the schools; therefore the outlook favors stable enrollment over the next few years.

Total enrollment during the school year was steady, with a slight rise to 6,614, just four-tenths of a percent below the all-time high. There are now three and a half times as many students attending the schools as there were 20 years ago.

Women are an increasingly important component of the classes. Since 1977 they have risen from 14 to 34 percent of all applicants. The number of women students rose from 53 in 1968 to 1,986 in the current year. Among first-year students, they have gone from two percent in 1969 to a peak of 32 percent. They now constitute 30 percent of the graduating physicians.

While national figures of minorities at the college level have been dropping, the osteopathic medical schools are attracting record numbers of Blacks, Hispanics and native Americans. From 1987 to 1988 their number rose from 105 (6.2 percent of the total) to 174 (9.8 percent of the total). The number of Black freshmen more than doubled, and Hispanics increased by more than a third. Asian Americans are no longer underrepresented in the colleges; since 1976 they have risen from 15 to 137. This is partly a result of efforts made by the schools to increase minority recruitment and retention.

Young DOs emerge from their schools with a heavy burden of debt, a burden which has been growing heavier each year. In 1988 it averaged $64,700. This compared with $60,000 in 1987, $55,000 in 1986, and $50,000 in 1985. As the spiral rises, many freshmen fear debts well over $70,000 when they graduate; one out of six seniors already owes over $100,000. Such indebtedness has discouraged many bright students from entering the medical profession. It has also affected the career choice and location of many new physicians. As the price tag for medical education continues to rise, it threatens to perpetuate the spiral of high health costs for the public.

AACOMAS Applicants

AACOMAS is the centralized application service of AACOM. By processing the papers of prospective students, it allows them to submit a single application but be considered for admission to several schools. AACOMAS handled this procedure for 13 of the 15 colleges of osteopathic medicine.

The number of applicants, fallen each year since the peak in 1984, rose by 4.3 percent for the 1989 entering class. AAMC reported a 1.3 percent increase for allopathic schools. The 3,160 students applying to AACOM included 34 percent women and 24 percent ethnic minority students; of the 756 minority students, 418 are of underrepresented groups and 338 are Asian American or Pacific Islanders. All of the above levels for women and minorities are the highest on record; looking back to 1978 we find that 17 percent of the total were women, and 6.5 percent were of ethnic minority groups.

TABLE II

Applicants to AACOMAS Osteopathic Medical Schools

Ethnic Groups and Women by Entering Year

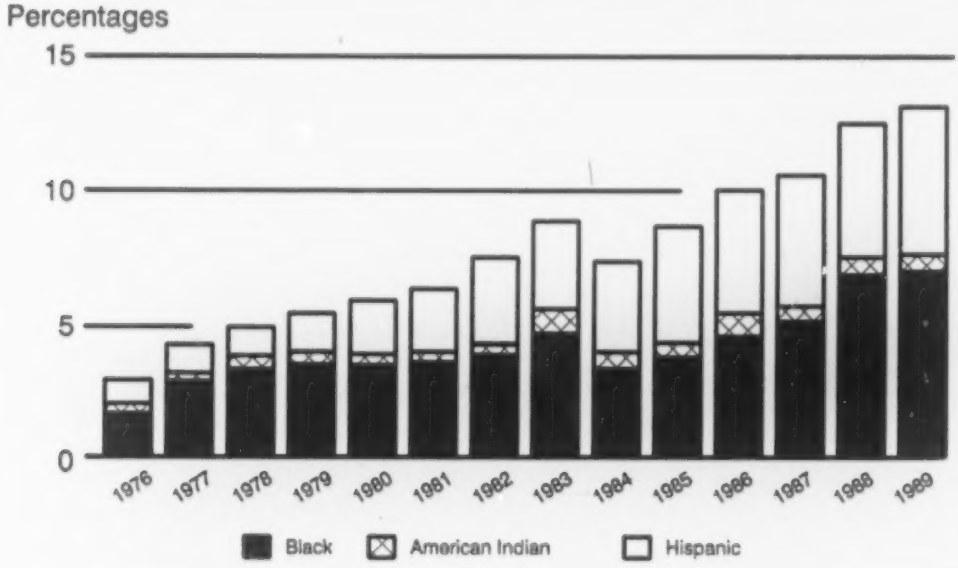
Group	Entering Year								
	1976	1978	1980	1982	1984	1986	1987	1988	1989
Black American	59	116	130	150	136	159	170	208	221
American Indian/ Alaskan Native	14	18	15	16	27	31	19	20	20
Hispanic	33	38	76	128	140	164	165	153	177
Total Underrepresented Minority	106	172	221	294	303	354	354	381	418
Percent Underrepresented Minority	2.9	4.9	5.8	7.5	7.3	10.1	10.6	12.6	13.2
White, Non-Hispanic	3,539	3,299	3,467	3,484	3,633	2,946	2,684	2,376	2,404
Asian American/Pacific Islander	62	59	98	139	190	215	288	273	338
Total All Groups	3,707	3,530	3,786	3,917	4,126	3,515	3,326	3,030	3,160
Women	*	610	804	965	1,168	1,010	1,002	966	1,068
Percent Women	*	17.3	21.2	24.6	28.3	28.7	30.2	31.9	33.8

Note: Starting 1984, White Non-Hispanic may include about one percentage of applicants who did not provide ethnic identification.

* not available

Chart 1

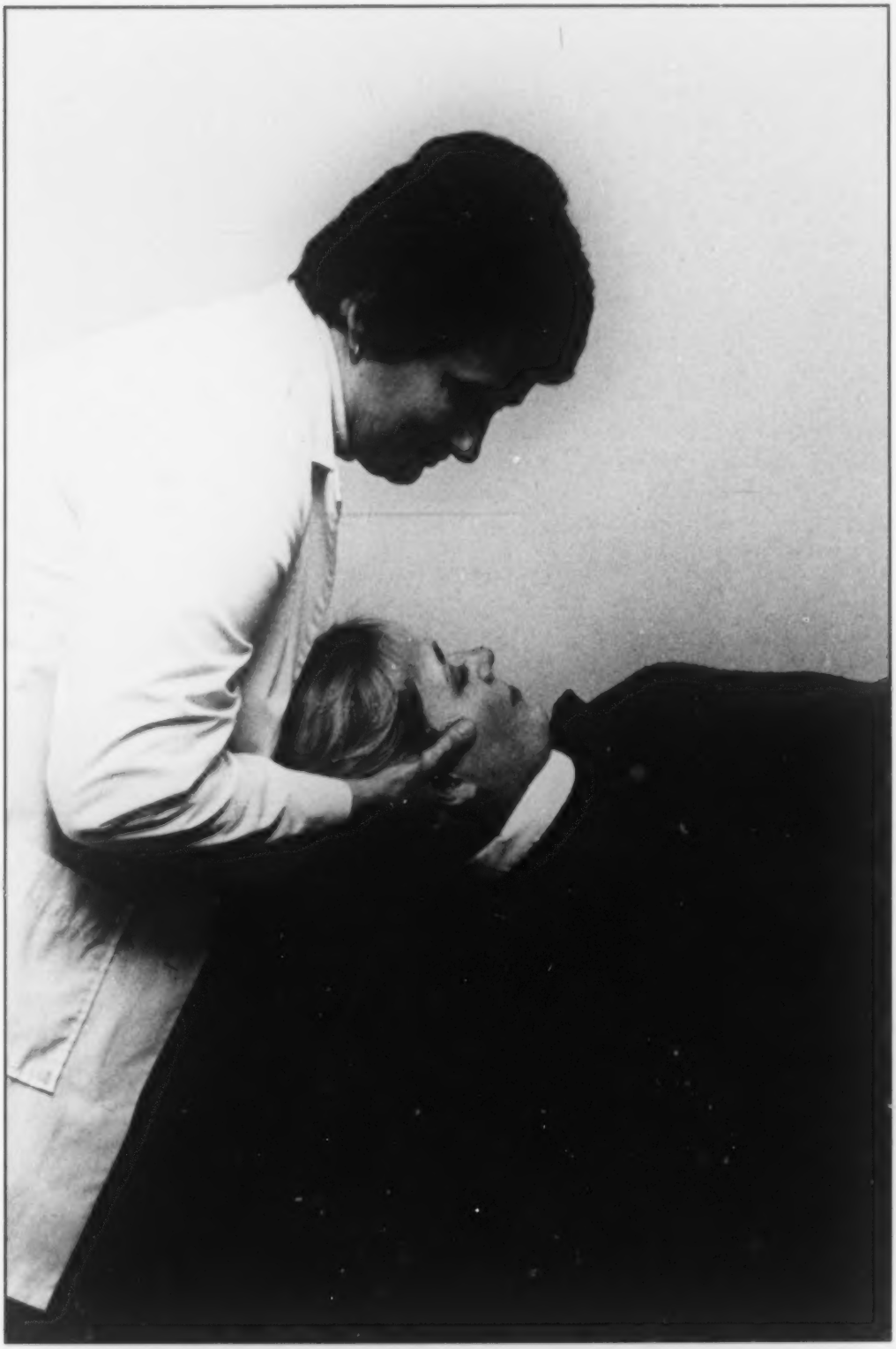
The percent of underrepresented minority applicants has risen for 12 out of 13 years. It has more than quadrupled since 1976.



Over the past 13 years there have been sizable increases in the number of applicants in each ethnic minority group.

The principal decrease has been among the white males, a group which has dropped by 15 percent since 1987; all other groups of male applicants have increased, as have most groups of female applicants. Allopathic medicine has also reported a decrease in white male applicants for their MD schools.

The ratio of the number of AACOMAS applicants to seats this year remained at 2.3 to 1, as it had been in 1988. This ratio continues to be well above those in allopathic medical schools and other schools of the health professions.



Enrollment

More freshmen entered the osteopathic medical schools in 1988 than ever before. The new level of 1,780 was five percent above that of the previous year; this increase followed three years of decreasing enrollment, as shown in Chart 2. Enrollment is likely to remain fairly stable in the next few years.

Total enrollment in the schools rose by 0.4 percent, almost reaching the 1986 peak level. The new total, 6,614 was 3.5 times the number enrolled 20 years earlier. In the current year, enrollment rose in nine schools, dropped in four, and remained stable in two.

The number of new DOs graduating from the colleges in 1988 was 1,572, slightly below the peak of the previous year. The trend is shown in Table IV, page 8. Preliminary information for 1989 indicates a new peak, estimated at 1,617, with even higher levels anticipated by 1993.

Table III

Number of Applications Received, First-Year Enrollment

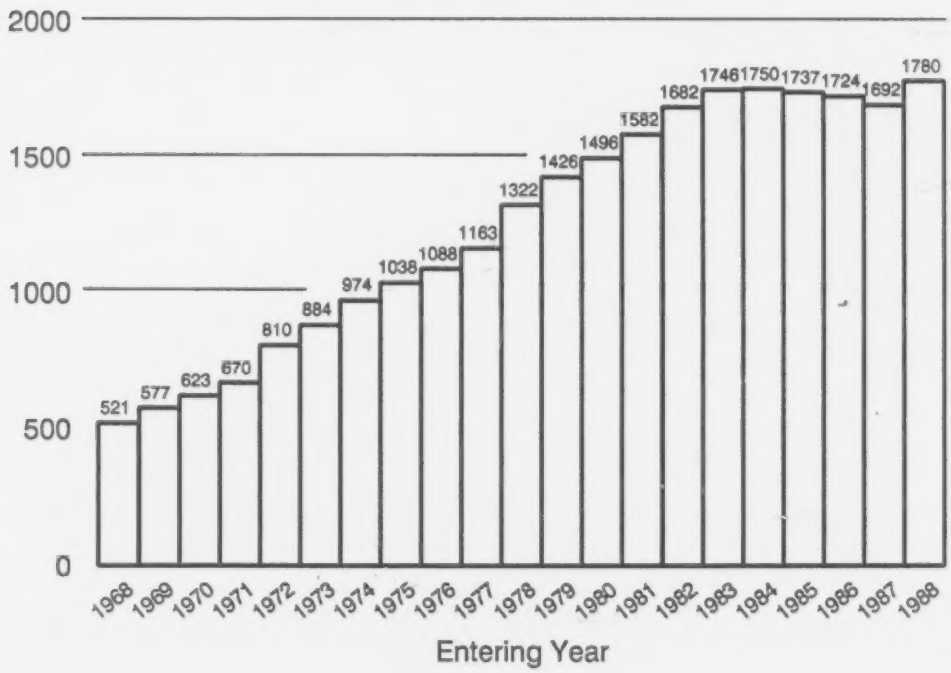
and Total Enrollment by School

Colleges	1987-88			1988-89		
	Applications	First-Year Enrollment	Total Enrollment	Applications	First-Year Enrollment	Total Enrollment
CCOM	722	108	393	645	126	416
COMP	947	103	411	866	111	414
COM-OSU	764	65	282	543	73	271
KCOM	1,201	133	526	1,170	138	531
MSU-COM	823	125	505	731	123	507
NYCOM	1,177	132	515	1,122	154	541
OUCOM	1,061	107	390	1,237	100	377
PCOM	925	204	814	830	212	808
SECOM	1,083	103	400	843	111	402
TCOM	810	103	385	739	94	391
UHS-COM	365	129	532	285	134	500
UMDNJ-SOM	772	59	220	746	68	220
UNECOM	1,057	80	287	943	79	300
UOMHS/COMS	1,393	178	693	1,117	193	703
WVSOM	926	63	233	843	64	233
Total	**14,026**	**1,692**	**6,586**	**12,660**	**1,780**	**6,614**

Note: The number of applicants indicated above is not unduplicated, as in Table II. The same applicant reported here may be listed by several schools.

Chart 2

Freshmen enrollment reached a new high in 1988 after peaking in 1984 and tapering off. This level is more than three times what it was in 1968.

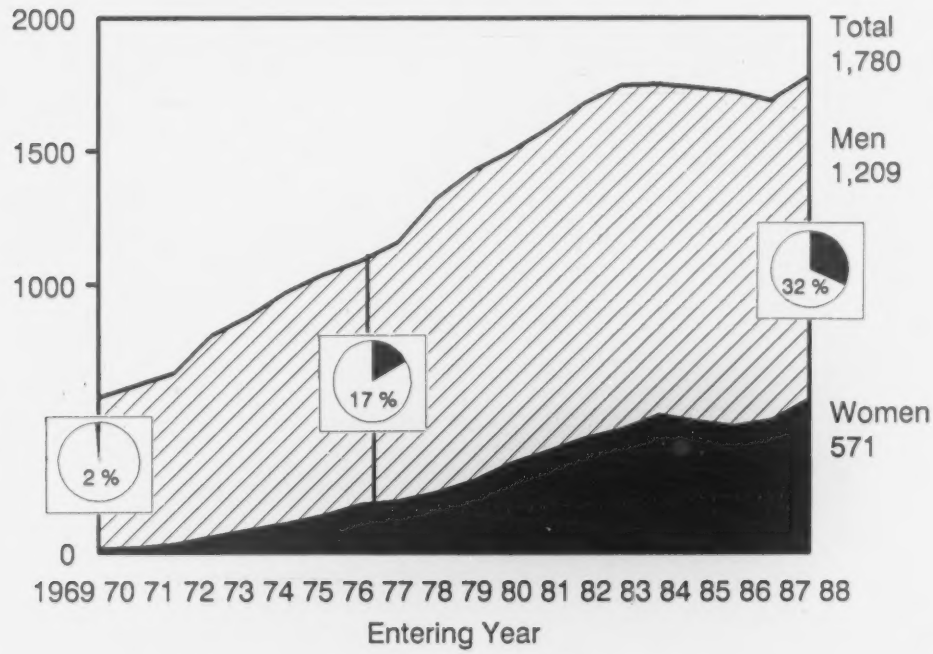


Women

Since 1970, women have been a constantly growing portion of the young physicians studying at the colleges of osteopathic medicine. They now constitute 30 percent of the total enrollees, compared with 2.8 percent 20 years earlier. In the new freshman class they were 32 percent, up from 29 percent last year; and among the 1988 graduates they were 28 percent, up from 25 percent the preceding year. Current figures are all-time peak levels, and the upward trend is expected to continue. Annual data are shown in Table IV, and the trend in Chart 3. Six years ago women were one of every four freshmen; now they are approximately one of every three.

Chart 3

Since 1969, the number of women has risen
from 2 to 32 percent of the first-year students enrolled.
The 1988 increase consisted primarily of women.



Thirty percent of all graduating DOs are women.

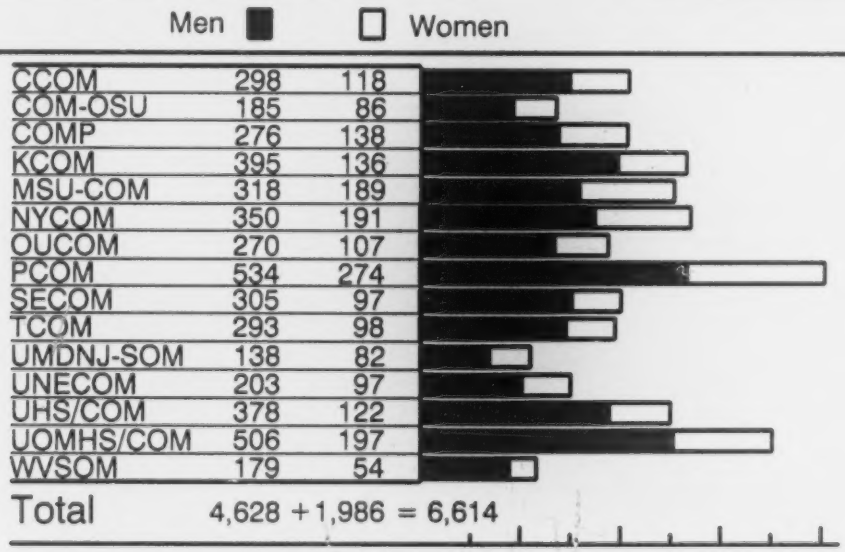
Table IV

First-Year and Total Enrollment and Graduates in Schools of Osteopathic Medicine in the U.S., by Sex, by Entering Year

Entering Year	FIRST-YEAR ENROLLMENT			TOTAL ENROLLMENT			GRADUATES		
	Total	Women	% Women	Total	Women	% Women	Total	Women	% Women
1968	521	21	4.0	1,879	53	2.8	427	8	1.9
1969	577	14	2.4	1,997	59	3.0	432	12	2.8
1970	623	17	2.7	2,151	61	2.8	472	11	2.3
1971	670	29	4.3	2,304	79	3.4	485	18	3.7
1972	810	56	6.9	2,579	116	4.5	649	18	2.8
1973	884	83	9.3	2,780	181	6.5	594	17	2.9
1974	974	106	10.9	3,139	267	8.5	702	44	6.3
1975	1,038	140	13.5	3,443	362	10.5	809	58	7.2
1976	1,088	179	16.5	3,671	472	12.9	908	84	9.3
1977	1,163	192	16.5	3,926	570	14.5	971	68	7.0
1978	1,322	222	16.8	4,221	688	16.3	1,004	163	16.2
1979	1,426	265	18.6	4,571	789	17.3	1,059	192	18.1
1980	1,496	329	22.0	4,940	971	19.7	1,151	202	17.6
1981	1,582	378	23.9	5,304	1,108	20.9	1,017	186	18.3
1982	1,682	428	25.4	5,822	1,317	22.6	1,317	261	19.8
1983	1,746	460	26.3	6,212	1,526	24.6	1,287	262	20.4
1984	1,750	511	29.2	6,547	1,707	26.1	1,474	344	23.3
1985	1,737	489	28.2	6,608	1,799	27.2	1,560	392	25.1
1986	1,724	471	27.3	6,640	1,853	27.9	1,587	412	26.0
1987	1,692	490	29.0	6,586	1,904	28.9	1,572	438	27.9
1988	1,780	571	32.1	6,614	1,986	30.0	1,617	485	30.0

Chart 4

Number of total students enrolled in fifteen colleges by sex, 1988-1989



Thirty percent of all students enrolled are women.

Minorities

In addition to their progress in attracting women, the osteopathic medical schools have drawn peak levels of Blacks, Hispanics and other ethnic minorities to their classes.

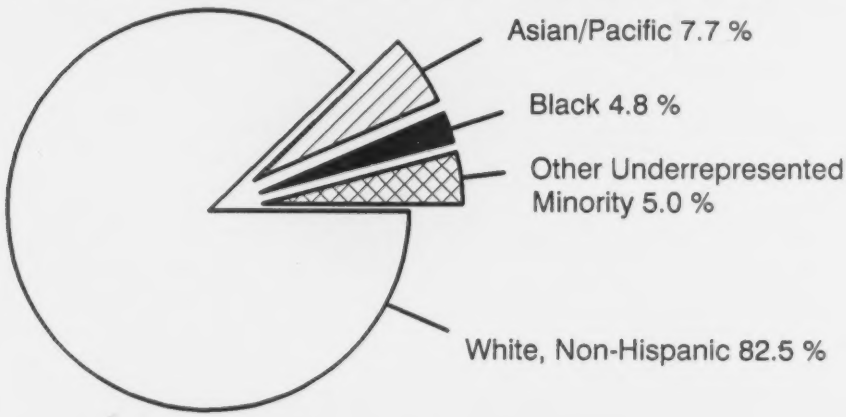
While national trends have shown decreasing minority figures at the college level, the osteopathic medical schools reported a 66 percent gain in underrepresented minorities in the 1988-89 freshman class, in a single year! Of the 1,780 new freshmen, 174, or nearly one out of ten, are Black, Hispanic, or Native American. The number of Black Americans led the way by more than doubling, from 38 to 85. Hispanic freshmen increased by more than a third from 60 to 81. Their number has risen almost every year, from 12 in 1976. In addition, the number of Asian Americans and Pacific Islanders rose by 27 percent to a peak of 137 freshmen. They are not considered an underrepresented ethnic group.

Almost all schools participated in these increases, in accordance with their high priority on recruitment of ethnic minority students. Much credit for the minority gain is attributed to the Health Careers Opportunity Program of AACOM, an effort funded by the Disadvantaged Assistance Division of the Health Resources and Services Administration of the U. S. Department of Health and Human Services. This program included eight weeks of preprofessional study to help prepare disadvantaged students for admission to health professions schools, including those of osteopathic medicine. In addition, the individual colleges have worked to enroll and retain students from disadvantaged backgrounds, with the help of special financial aid programs, peer tutorials, remedial programs, and counseling.

The number of White, non-Hispanic freshmen has increased by 43 percent since 1976, but remained fairly stable during the past year. All of the increases were in the ethnic minority groups.

Chart 5

Ethnic minority group members have increased substantially at the colleges and now make up 17.5 % of the freshmen. Black and other underrepresented minority members account for 9.8 %.



The number of Black American freshmen more than doubled in one year, reaching their highest level.

TABLE V

First-Year Enrollment in Osteopathic Medical Schools for Ethnic Groups, by Entering Year

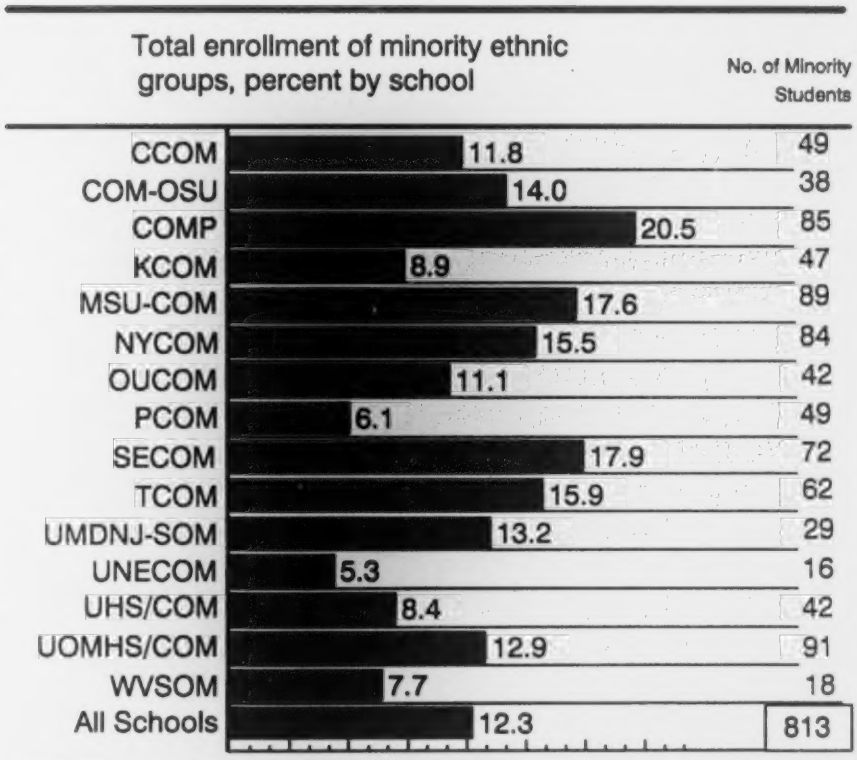
Group	Entering Year							
	1976	1978	1980	1982	1984	1986	1987	1988
Black American	26	31	40	38	42	26	38	85
American Indian/Alaskan Native	6	10	8	10	17	9	7	8
Hispanic	12	17	18	33	54	56	60	81
Total Underrepresented Minority	44	58	66	81	113	91	105	174
Percent Underrepresented Minority	4.0	4.4	4.4	4.8	6.5	5.3	6.2	9.8
White, Non-Hispanic	1,029	1,248	1,397	1,555	1,590	1,560	1,479	1,469
Asian American/Pacific Islander	15	16	33	46	47	73	108	137
Total All Groups	**1,088**	**1,322**	**1,496**	**1,682**	**1,750**	**1,724**	**1,692**	**1,780**

TABLE VI

Total Enrollment in Osteopathic Medical Schools for Ethnic Groups, by Entering Year

Group	Entering Year							
	1976	**1978**	**1980**	**1982**	**1984**	**1986**	**1987**	**1988**
Black American	70	87	94	116	126	117	122	159
American Indian/Alaskan Native	16	24	19	25	50	42	36	33
Hispanic	27	36	52	81	126	182	208	240
Total Underrepresented Minority	113	147	165	222	302	341	366	432
Percent Underrepresented Minority	3.1	3.5	3.5	3.8	4.6	5.1	5.6	6.5
White, Non-Hispanic	3,516	4,029	4,688	5,467	6,079	6,057	5,933	5,801
Asian American/Pacific Islander	42	45	87	133	166	242	287	381
Total All Groups	**3,671**	**4,221**	**4,940**	**5,822**	**6,547**	**6,640**	**6,586**	**6,614**

Chart 6



Some large schools with low percentages may actually have more minority students enrolled than other schools with higher percentages

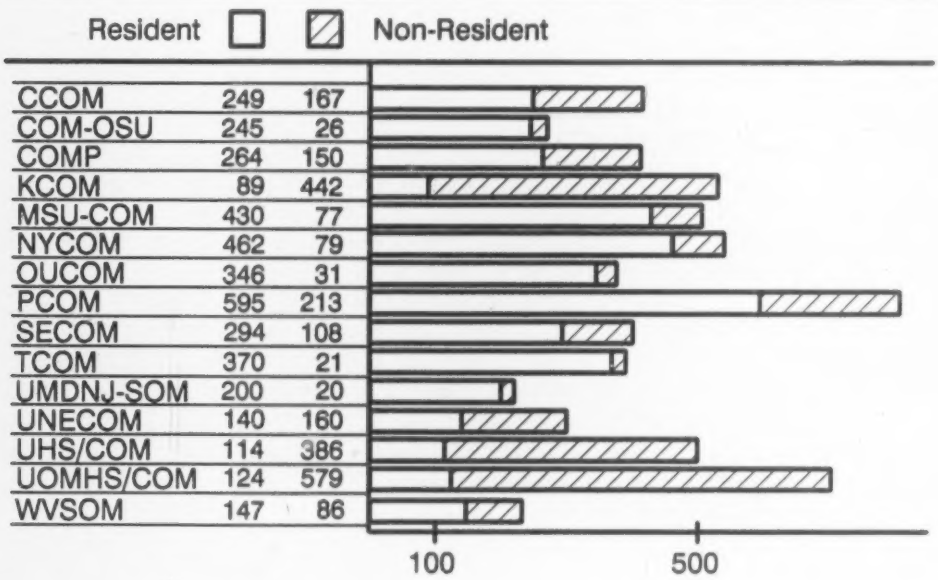
Students

Once again, as in the two previous years, 62 percent of all osteopathic medical students chose schools in their home state. They tend to do so because of lower rates for home-state students, a preference to be near their family and friends, and the intention to practice where future training will be more easily accessible. In addition, the osteopathic medical school in their home state has become very attractive to them during their earlier years of study.

Eighty-five percent of the freshmen came to the osteopathic medical schools directly after receiving their undergraduate degrees. Eight percent had already received master's degrees, and 1.4 percent had doctorates. Four percent had no previous degrees. These figures do not vary much from year to year.

Chart 7

Number of state residents and non-residents enrolled by school



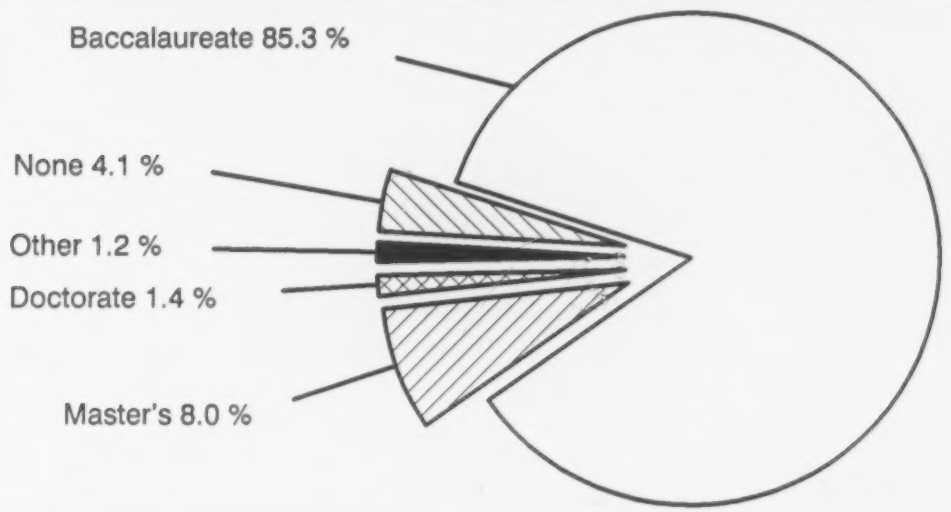
Total 4,069 + 2,545 = 6,614

61.5% of all students are enrolled in their own state.

Chart 8

The baccalaureate was the highest degree earned by 85 % of the first-year students.

One out of 11 new students had a master's degree or a doctorate.

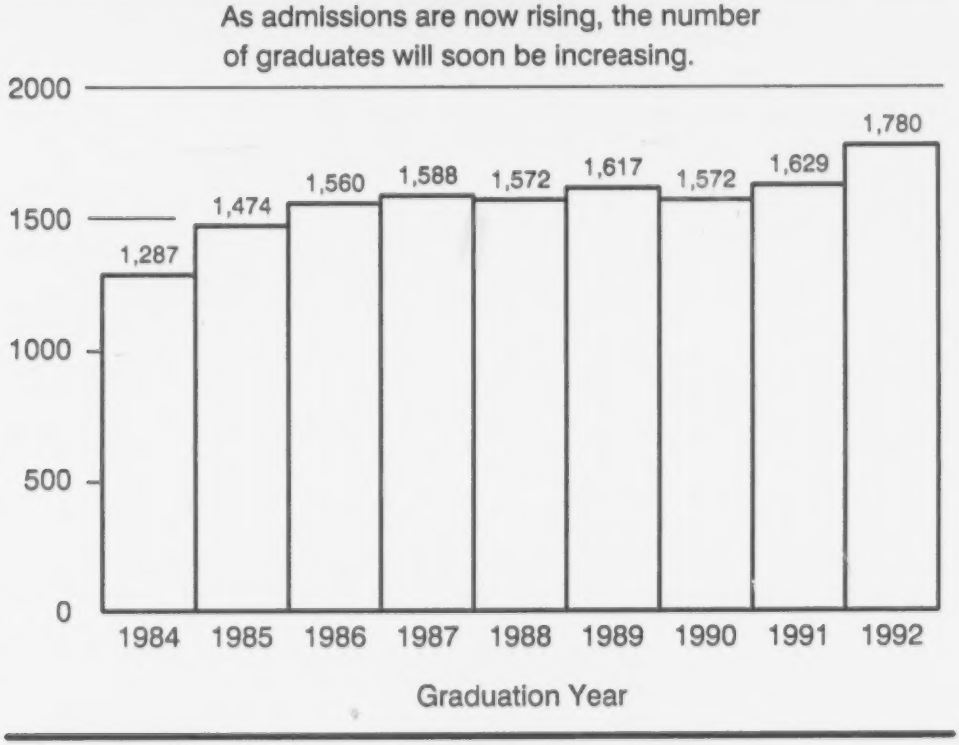


Grade point averages and MCAT scores dropped slightly from those of the previous years' entering freshmen. The current scores were:

Mean grade point average		3.13
MCAT -	Biology	7.6
	Chemistry	6.9
	Physics	7.0
	Science	7.0
	Reading	7.1
	Quantitative	6.7

Attrition is generally low in the osteopathic medical schools. As in the previous year, only 2.2 percent of the students withdrew or were dismissed from the schools. The most frequent cause reported is academic problems.

Chart 9


As admissions are now rising, the number of graduates will soon be increasing.
2000
1500
1000
500
0
1,287
1,474
1,560
1,588
1,572
1,617
1,572
1,629
1,780
1984
1985
1986
1987
1988
1989
1990
1991
1992
Graduation Year

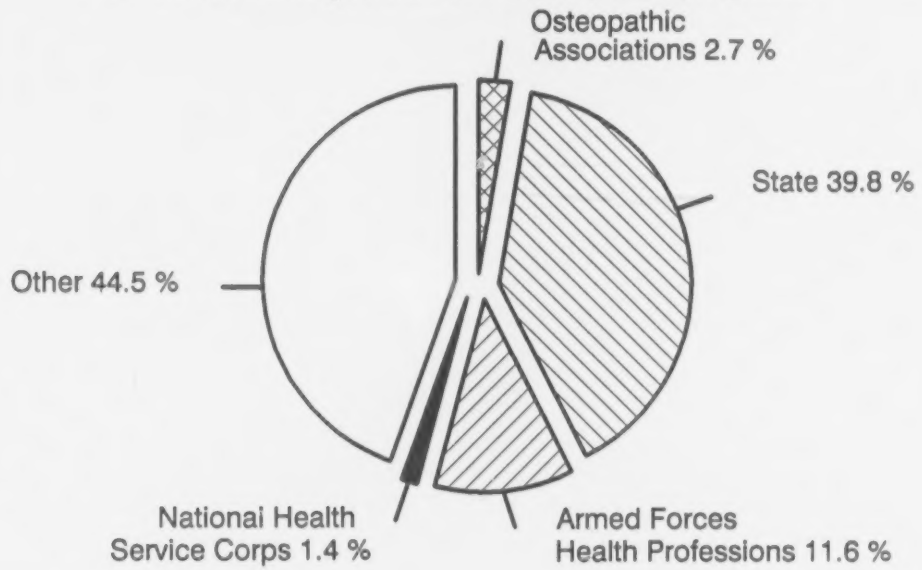
Student Debts

A continuing upward spiral describes the trend of indebtedness of young physicians graduating from the osteopathic medical schools. The average debt in 1988 was $64,700, compared with $60,000 in 1987 and $55,400 in 1986. Among the 1988 freshmen, higher debts are expected in 1992; 32 percent report that they will owe over $80,000 at graduation.

With the burden of such high debt as they enter the professional world, many new doctors are forced to compromise their selection of specialization and practice. Two out of three DOs pursuing advanced osteopathic medical education said they would have preferred to enter directly into private practice. However many of those entering private practice would have preferred to continue their osteopathic education. Further details are given in AACOM's publication Debts and Career Plans of Osteopathic Medical Students in 1988.

Chart 10

Two out of five scholarships for the osteopathic medical colleges were provided by state programs.


Osteopathic Associations 2.7 %
State 39.8 %
Other 44.5 %
National Health Service Corps 1.4 %
Armed Forces Health Professions 11.6 %

There were 1,333 scholarships in the 15 schools.

Scholarships and Loans

By the time they graduate from osteopathic medical school, 895 seniors reported receiving over 402 scholarships averaging close to $13,000. The osteopathic medical schools, their parent universities, and state governments have awarded more scholarships and grants in recent years than previously. In addition many scholarships come from the U.S. Public Health Service and the Armed Forces. Almost half of those awarded committed the students to provide service as a means of repayment.

The Stafford Student Loans, previously known as the Guaranteed Student Loans, were a major source of funds for the young physicians. They provided help to almost nine out of ten graduates and made up more than one-fourth of all reported loans. The average Stafford loan was $23,200.

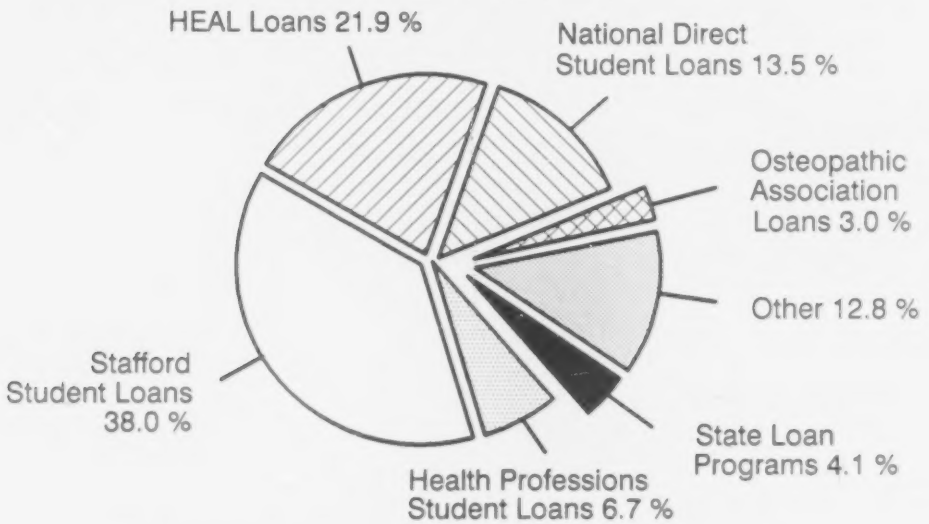
Another major source of help was the Health Education Assistance Loan (HEAL). Three out of five seniors benefited from these loans, which were 19 percent of all loans. They averaged $35,400.

More than half of the students had National Direct Student Loans, with an average value of $5,700; a third had Health Professions Student Loans, averaging $15,000.

Another major source of help was loans insured by state governments; these were held by 15 percent of the seniors. Eleven percent had personal bank loans, 25 percent loans from osteopathic societies, and 20 percent other personal loans. Some students held several loans of various types. Only four percent graduated owing less than $10,000.

Chart 11

About 4 of every 5 loans to students were made under federal programs


HEAL Loans 21.9 %
National Direct Student Loans 13.5 %
Osteopathic Association Loans 3.0 %
Other 12.8 %
State Loan Programs 4.1 %
Health Professions Student Loans 6.7 %
Stafford Student Loans 38.0 %

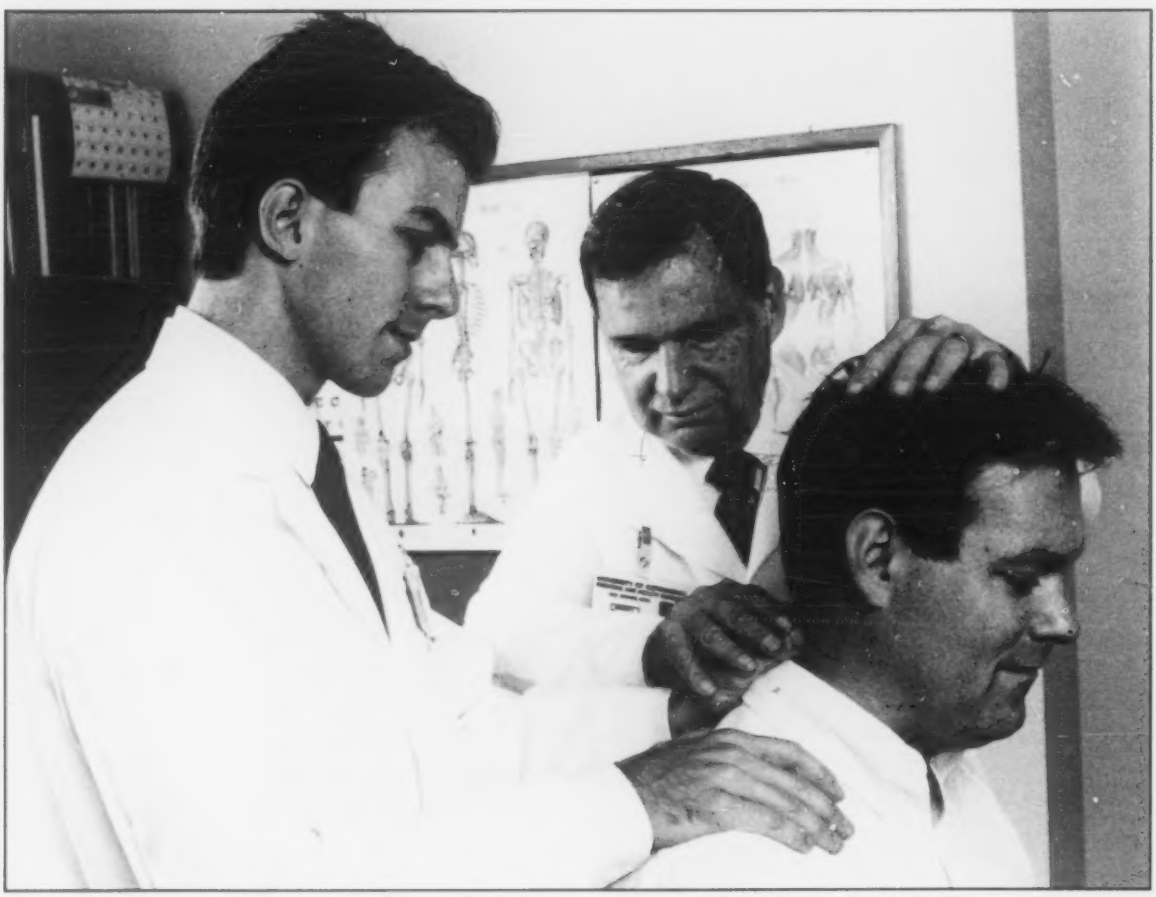
There were 14,454 loans reported by the 15 schools.

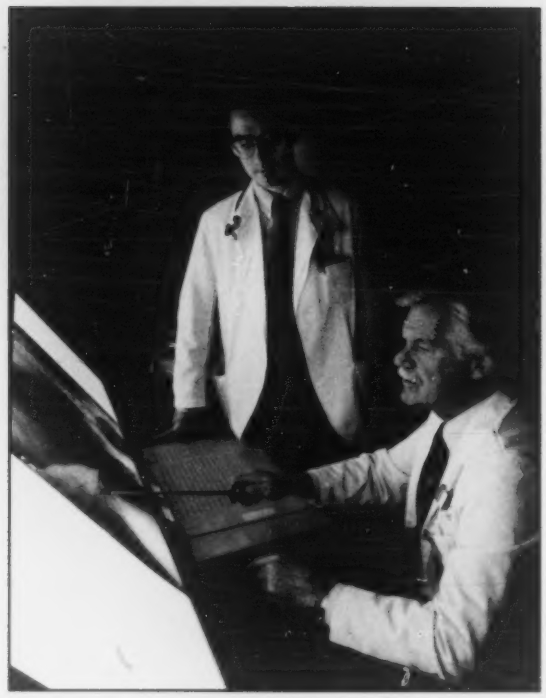
Student Costs

A four-year training course to turn a medical student into a capable DO takes a good deal of money. During the school year 1987-88 average costs for freshmen at the nine private colleges came to $22,478, about two percent more than the year before. This total included $13,003 for tuition and fees, $6,106 for room and board, and $2,029 for books and equipment.

Public colleges charge less for home-state students. Expenses for these students averaged $13,233; this included $5,420 for tuition and fees, $6,240 for room and board, and $1,573 for books and equipment. Students from other states spent $19,556, which included $10,357 for tuition and fees. Costs for out-of-state students have been rising by about 17 percent in each of the last two years. This is more than twice the percentage increase in costs of students in their home state.

The above figures must be considered approximate. They are obtained from AACOM's annual statistical survey of the colleges. Personal expenses are omitted, and transportation costs are included only when they are necessary parts of training, for example, from schools to off-site clinics.





Faculty

In 1988-89, the instructional staff increased more than a thousand to over 6,000. Along with this general increase was another year of increased participation by women and ethnic minorities. Slightly more than one in ten faculty members were women, and most of these were teaching the clinical sciences; however, women comprised a larger proportion (19 percent) in the basic sciences compared with eight percent in clinical sciences. The reported increase in numbers of ethnic minority faculty members did not keep pace with the overall growth in staff. The ethnic subpopulation dropped slightly to 3.9% for the 12 colleges providing this information.

Faculty rank and distribution reflect primary care education as the number one focus of osteopathic college administrations. In addition to Osteopathic Principles and Practices, teaching was concentrated in these areas: General Practice/Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry, and Radiology. Practically one in four full-time teaching staff members was a professor, 35 percent were associate professors, and another 32 percent were assistant professors.

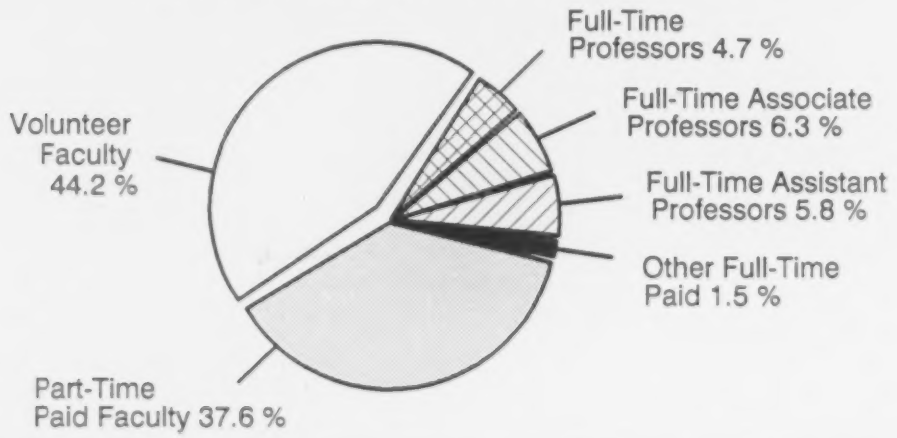
Nearly 32 percent of the full-time faculty positions were in the basic science field. Almost one in three of these people were professors. Another 36 percent held the rank of associate professor, and 26 percent were assistant professors. The greatest concentration (25 percent) taught anatomy. Physiology faculty comprised 17 percent, and biochemistry teachers comprised 16 percent. Microbiology was taught by 14 percent, and 13 percent taught pharmacology.

The full-time staff was assisted by numerous part-time people as well as volunteers in seven of the reporting schools. Almost all of this personnel segment was in five schools. In fact, 38 percent of the staff was part-time, with an equal percentage serving as volunteers primarily in the clinical sciences. Part-time faculty and volunteers were more prevalent in the clinical sciences; 45 percent of the clinical science teaching staff were part-time, compared with 16 percent for the basic sciences. Half the part-time faculty taught General Practice/Family Medicine and Internal Medicine. In all, 2/3 of the faculty taught in these and the other primary care fields of General Surgery, Pediatrics and Obstetrics/Gynecology.

Including part-time staff and volunteers, the overall ratio of faculty to students is 1:1. In some schools there are more than two faculty members per student.

Chart 12

Almost half the faculty contributes their services.



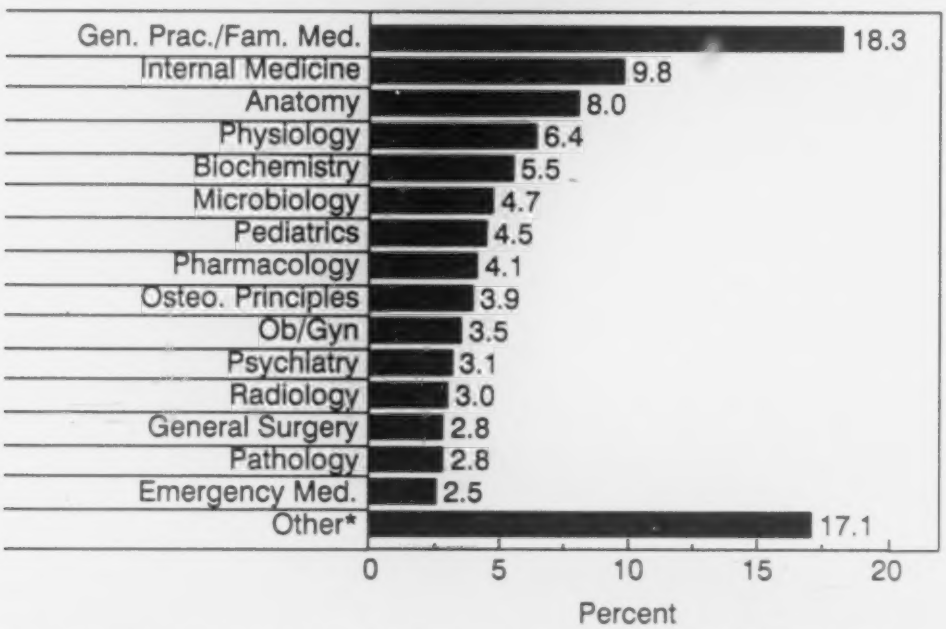
Specialization of Faculty

During 1988-89, board-certified specialists were found among all ranks and levels of staff (from professor through instructor, full-time, part-time and volunteers). Certified staff members increased about one percent to a new high of 1,577 for the 13 schools reporting this information. Board-eligible staff rose to 254 for the 12 schools supplying data. One-fifth of the board-certified faculty were in the field of general practice/family medicine. Another 13 percent were in internal medicine. Ten percent were active in the field of surgery. Most of the rest focused on radiology, pediatrics and psychiatry. Those who were board-eligible followed a similar pattern; general practice/family medicine topped the list, followed by internal medicine, pediatrics, and surgery.

In addition to the attention given to primary care, students are exposed to training in numerous other medical specialties, including geriatrics, ophthalmology, and otorhinolaryngology. Osteopathic medicine trains young physicians for provision of quality primary care.

Chart 13

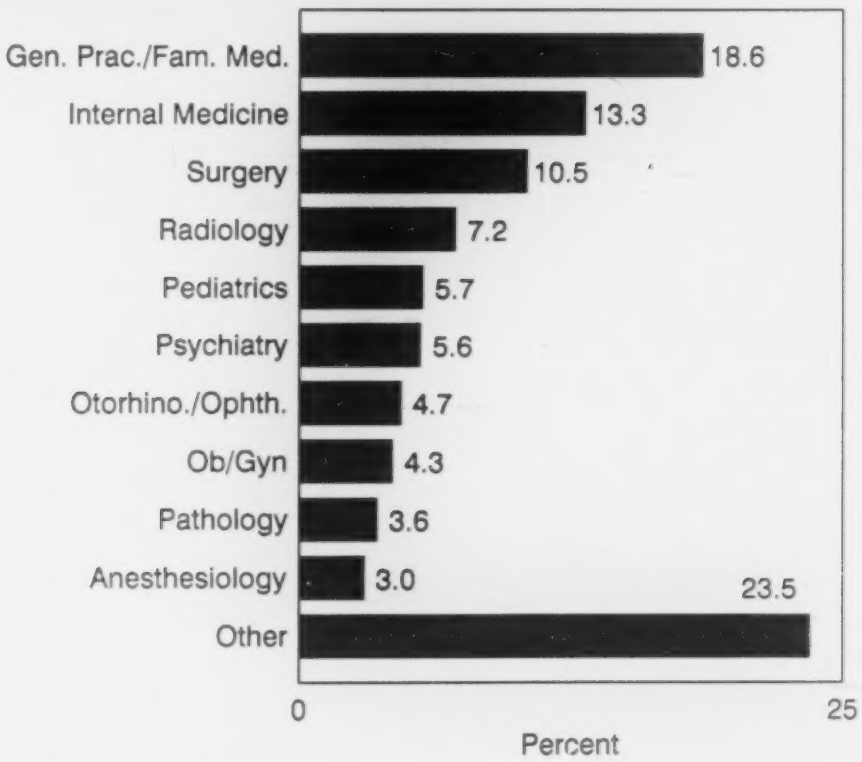
Full-time faculty of the colleges participate in the following disciplines:



* Other disciplines to which one percent or more of the full-time faculty were assigned include anesthesiology and otorhinolaryngology.

Chart 14

Almost half the board-certified specialists among the college faculty were in the fields of general practice/family medicine, internal medicine, surgery, or radiology.



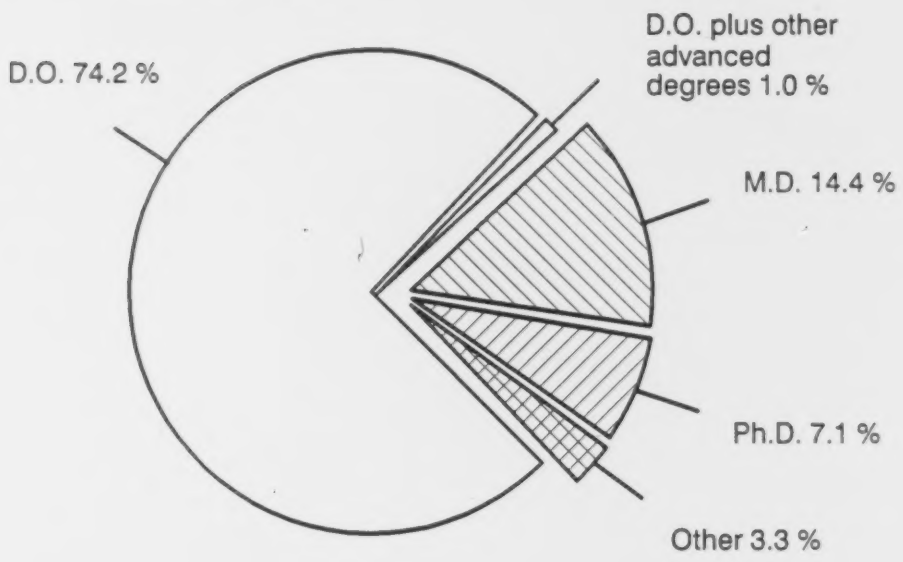
Education of Faculty

Almost all faculty members hold more than a baccalaureate degree. The D.O. degree was most prevalent, with nearly three out of four staff attaining that degree. This is unchanged from 1987-88. Fourteen percent of the staff held M.D. degrees, while seven percent were Ph.Ds. More than one percent held a D.O. or M.D. plus other advanced degrees.

Ph.Ds were about equally divided between the public and private schools; they were about seven percent of the staff in both types of schools. Many more M.Ds (19 percent) teach in the private osteopathic schools than in the public schools (eight percent).

Chart 15

Seventy-four percent of faculty of the colleges have attained D.O. degrees. An additional 22% hold M.D. or Ph.D. degrees.



Curriculum

In accordance with their tradition, the 15 osteopathic medical schools emphasize the preparation of new physicians for the general practice of osteopathic medicine. According to a recent survey of seniors, primary care is still the foundation and main concern of the majority of graduates of the colleges.

However, all of the colleges also provide specialized training. During their first two years, the students dedicate themselves to the basic sciences--anatomy, biochemistry, embryology, histology, immunology, microbiology, pathology and physiology. Several of the schools also offer an introduction to clinical studies, including general practice, neurology, obstetrics and gynecology, osteopathic manipulation, pediatrics, psychiatry and surgery. For the following two years the students devote themselves to clinical practice by means of preceptorships, clerkships and clinical rotations.

The first two years are divided into semesters or trimesters. Vacation time decreases from an average of 12 weeks after the freshmen year to six weeks after the second year, and two weeks after the third year. Five schools do not allot any vacation time after the third year.

Schools differ in their policies toward electives. One school permits a single elective during the first year; four schools allow electives during the second year, and seven during the third year. Most schools permit some time in the fourth year to be devoted to electives.

Methods used for grading students in their course work include composite class rank, numerical rank, letter grade, and pass/fail. National Board examinations are used primarily to evaluate the effectiveness of the education program. Student achievement and the curriculum are measured by feedback from preceptors, hospital personnel, student reports, and regular examinations.

New emphases are entering the curricula in several of the colleges. Geriatrics and nutrition now play important roles in all the schools, as do doctor/patient relationships and medical economics. More attention is given to alcohol and drug abuse, AIDS education, ethical issues and risk management, as well as socio-cultural impacts and computer literacy. In addition, the colleges are making new curriculum efforts to assist in the attraction and retention of students; particular attention is paid to those in groups that tend to be underrepresented.

Grants and Contracts

For the 1987-88 school year, 14 of the osteopathic medical schools reported receiving funds from federal and state sources in the form of grants and contracts. The total amount reported was $33 million, 10 percent more than in the previous year. The principal uses of the funds were research, improved teaching techniques, and provision of services.

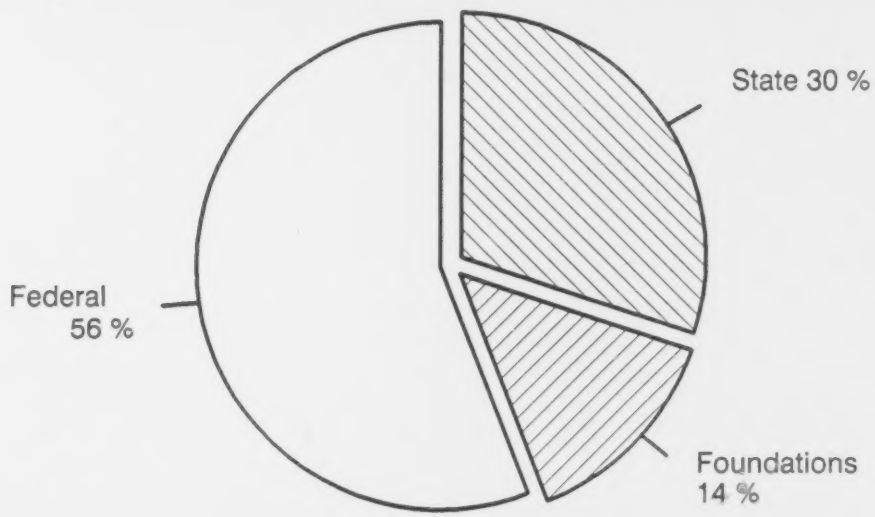
Federal contributions almost reached $19 million, about $2 million more than in the previous year. States contributed $10 million, 18 percent more than they had a year earlier. Foundations contributed $4.7 million, almost a fifth more than a year earlier.

Grants and contracts received by the public colleges amounted to $17.2 million, about the same as in the prior year. Private schools received $16.2 million, well above the amount received a year earlier. This increase appears to be due to a capitation grant received by one school.

Contributions of the federal government ranged from about $70,000 to over $3 million. State gifts reached as high as $5 million. One school received a foundation contribution of almost $2 million, and five others received gifts over $200,000. In all, 14 percent of the money came from foundations. (See Chart 16.)

Chart 16

Once again, over half of the money received by the colleges for grants and contracts came from the federal government.

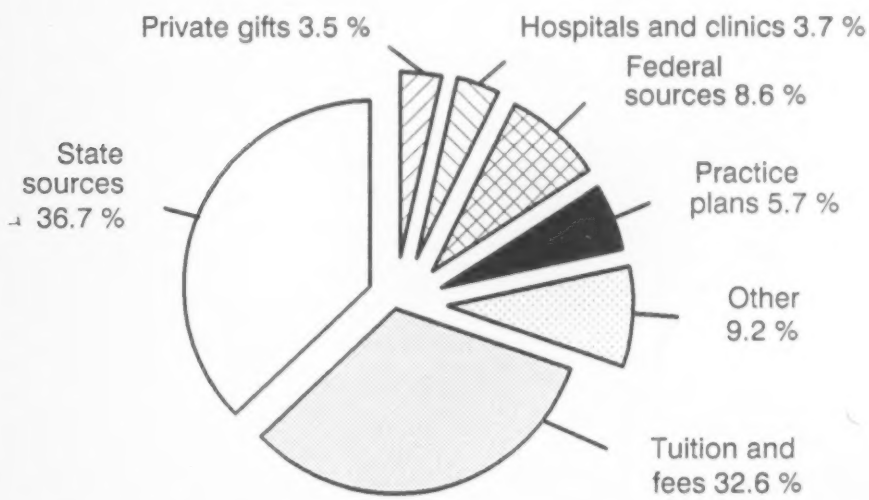


Revenues

In 1987-88, as in earlier years, the main source of revenue for the osteopathic medical schools was the state governments. Their contribution amounted to 37 percent of all revenues; this compared with 39 percent in the previous year. The principal increase was the amount of revenues brought in by tuitions and fees, which rose from about one-fourth to one-third of all income. Federal funds rose from 6.5 percent to 8.7 percent. Money for school practice plans made up 13 percent of college revenues.

Chart 17

Revenues received by the colleges from hospitals and clinics become part of their regular operating funds. Money from federal sources is restricted in its use, but money from state sources generally is not.

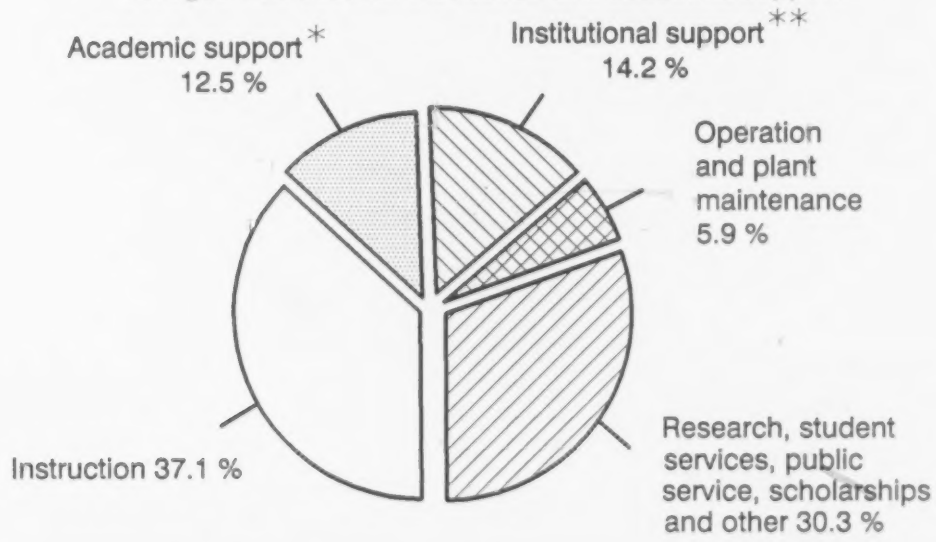

Private gifts 3.5 %
Hospitals and clinics 3.7 %
Federal sources 8.6 %
State sources 36.7 %
Practice plans 5.7 %
Other 9.2 %
Tuition and fees 32.6 %

Fourteen osteopathic colleges reported that they had received $223 million, 14 percent more than in the previous year. Among the private colleges, ten percent of the funds were earmarked for specific projects; among public colleges, 16 percent were similarly restricted.

In addition to the contributions mentioned above, other sources of college revenue included private gifts, medical practice loans, parent-school appropriations, sales and service of educational activities, endowment income, and other unspecified sources. These items account for about 15 percent of the schools' revenue.

Chart 18

Close to half the money spent by the osteopathic medical colleges was used for instruction and academic support.


Academic support *
12.5 %
Institutional support **
14.2 %
Operation and plant maintenance 5.9 %
Research, student services, public service, scholarships and other 30.3 %
Instruction 37.1 %

* Academic support includes educational materials, libraries, machine shop, computer services, animal resource center, etc.

** Institutional support includes cost of administration, management and planning, fiscal operations, administrative data processing, space mangement, personnel records, and community and alumni relations.

Expenditures

Reports from 14 osteopathic colleges showed 1987-88 expenditures as $206 million, about the same as in the previous year. As usual, the largest single item of expenditure was instruction of students. It amounted to $76 million, 37 percent of all school costs. Other major expenditures were $29 million for institutional support and $26 million for academic support. These costs were similar to those of the previous year.

Estimated cost per year for each student was $27,000. This estimate omits school expenses for research and public service, and is computed by dividing the sum of all other college costs by total enrollment. Costs vary greatly among the schools, but public schools usually spend about twice as much as private schools for each student.

Total expenditures continue to rise each year as the schools strive to maintain the standards of osteopathic medical education in a highly inflated economy.

OTHER PUBLICATIONS AVAILABLE FROM AACOM

The Education of the Osteopathic Physician - a comprehensive book that provides information essential to the health professions advisor and the prospective student of osteopathic medicine. Included is information on the education process - medical school through internship and residency, licensure, practice options, and history and philosophy of osteopathic medicine. Admissions criteria and brief overviews of the 15 osteopathic medical schools also are provided.

$8.00 per copy

Osteopathic Medical Education - single copies of this brochure are available from AACOM free of charge. Multiple copies are available at $8.50 per 50 copies and $15.00 per 100.

College Information Booklet -contains information on the 15 osteopathic colleges, including a brief description of each college, admissions criteria, minimum entrance requirements, supplementary application materials required, an indication of class size or enrollment, application deadlines, and tuition.

$1.00 per copy
Bulk rates @ $12.50 per 25 copies
$37.00 per 100

The Debts of Osteopathic Students - a survey that examines indebtedness of osteopathic medical students at the 15 osteopathic colleges. The situations, characteristics, and plans of students are compared at their entrance to osteopathic medical school and just prior to their graduation.

$9.00 per copy

Application Packet - contains application for the centralized application service, procedures for applying, and college information.

No charge

OTHER PUBLICATIONS AVAILABLE FROM AACOM (Continued)

AACOM Organizational Guide - contains information on the organizational structure of the Association, a list of members of its councils, sections, and committees, and a listing of administrative staff and faculty in the 15 member colleges of osteopathic medicine.

$9.00 per copy

Study on Competency Based Objectives for Undergraduate Osteopathic Medical Education - contains information on the minimum clinical competencies expected of a newly graduated osteopathic physician, the component elements contributing to those competencies, and a timetable for the introduction and/or completion of these competencies. Competency objectives for the five core areas of osteopathic medical education - medicine, surgery, pediatrics, obstetrics/gynecology, and general and family practice - are identified.

$18.00 per copy